

COOPERATIVE AGREEMENT
between the
MISSOURI DEPARTMENT OF SOCIAL SERVICES
and the
MISSOURI DEPARTMENT OF MENTAL HEALTH
relating to
INPATIENT SERVICES FOR RECIPIENTS 65 YEARS OF AGE AND OLDER
IN STATE MENTAL INSTITUTIONS

I. PURPOSE

This agreement between the Departments of Mental Health (DMH) and Social Services (DSS) is entered into for the purpose of efficiently and effectively implementing a program that provides reimbursement through Medicaid, Title XIX of the Social Security Act, for inpatient psychiatric services to individuals age 65 and older in institutions for mental diseases operated by the Department of Mental Health.

II. MUTUAL OBJECTIVES

A. Set out procedures for the cooperative administration of the program stated in the Purpose.

B. Provide for program evaluation and coordination between DMH and DSS.

C. Provide inpatient psychiatric services in a state mental health hospital for individuals found eligible for Title XIX funding.

D. All parties agree to comply with 1964 Civil Rights Act, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Omnibus Reconciliation Act of 1981 and the Americans with Disabilities Act of 1990 and all other applicable Federal and State Laws which prohibit discrimination in the delivery of services on the basis of race, color, national origin, age, sex, handicap/disability or religious beliefs.

Further, all parties agree to comply with Title VII of the Civil Rights Act of 1964 which prohibits discrimination in employment on the basis of race, color, national origin, age, sex handicap/disability, and religious beliefs.

III. RESPONSIBILITIES OF THE DEPARTMENT OF MENTAL HEALTH

A. The Department of Mental Health will perform the following duties in accordance with standards required in 42 CFR, Chapter IV, 456 Subpart D for individuals 65 years of age and older.

1. Certification of need for care - Certification by a physician that the individual needs inpatient services in a mental hospital will be done at admission or before the Medicaid agency authorizes payment; recertification by a physician will be done at least every 60 days after certification.

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2. Medical, psychiatric and social evaluations - These evaluations must be performed prior to admission or prior to authorization for payment. A physician must recommend admission or continued care in the mental hospital for individuals who apply for Medicaid assistance while in the hospital.

3. Plan of care - The attending or staff physician must establish a written plan of care for each recipient which includes all the items specified in the regulation already cited; the plan of care must be reviewed by the physician at least every 90 days.

4. Utilization Review - Each hospital participating in this program must have a written utilization review plan. That plan must include the required administrative, informational, and continued stay review requirements and medical care evaluation studies prescribed in Subpart D of 42 CFR 456.

B. Notify the local Division of Family Services office any time the recipient no longer requires inpatient mental hospital services or is no longer a patient in the state mental health hospital.

C. Maintain compliance with the Conditions of Participation for Hospitals as required in 42 CFR, Chapter IV, 482, Subparts A, B, C and D, as well as 482.61 and 482.62 in Subpart E.

D. As required by the hospital reimbursement section of the Missouri State Plan, DMH shall submit cost reports completed on standard forms for each state hospital. These cost reports shall be submitted in a timely manner.

E. Submit to DSS quarterly, certified financial statements for eligible claims prepared in accordance with applicable federal regulations.

F. The Department of Mental Health agrees to return to the Department of Social Services any federal funds which are deferred and/or ultimately disallowed arising from the claims for FFP submitted by DSS on behalf of DMH, if the deferral or disallowance arises solely from fault or failure of DMH staff to comply with federal requirements and the terms of this agreement.

IV. RESPONSIBILITIES OF THE DEPARTMENT OF SOCIAL SERVICES, DIVISION OF FAMILY SERVICES

A. When an individual requests assistance, the Division of Family Services will determine if the claimant meets financial eligibility requirements for Title XIX (Medicaid) benefits.

B. Record the claimant's medical eligibility for mental hospital benefits based on information received from the Division of Aging.

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C. Notify the state mental institution regarding the claimant's eligibility or ineligibility for Title XIX benefits. This will include information about level of care, first date of eligibility and the amount of recipient liability (surplus), if any is appropriate.

V. RESPONSIBILITIES OF THE DEPARTMENT OF SOCIAL SERVICES, DIVISION OF AGING

A. The Division of Aging shall perform the following duties as required by federal regulations:

1. Establish and maintain a process which will ensure that the services and conditions required are implemented and in place.
2. Ensure that continued inpatient services and recipient certification is appropriately reviewed and verified.
3. Through the Inspection of Care process, ensure that participating facilities are in compliance with federal regulations. The Division of Aging will notify appropriate Divisions of Family Services and Medical Services personnel, in writing, of any non-compliant issues.
4. Determine through annual on-site assessments that the services provided by the facility are adequate to meet the health needs of each recipient, promote his maximum physical, mental and psychosocial functioning, that the attending physician's reviews are timely, and that the recipient receives adequate services.

B. Determine that the recipient meets the criteria for needing the level of care provided by a mental hospital through a review of medical and social assessment forms. This information must be transmitted to the appropriate Division of Family Services office in which the facility is located.

VI. RESPONSIBILITIES OF THE DEPARTMENT OF SOCIAL SERVICES, DIVISION OF MEDICAL SERVICES

A. Enroll in the Medicaid program the state mental hospitals which meet established criteria and which complete all required administrative documents in order that they may receive reimbursement for services provided to eligible recipients.

B. Based on state regulation and the hospital reimbursement section of the Missouri State Plan, establish a per diem rate for each participating state mental hospital and determine if the hospital qualifies as a disproportionate share hospital. Cost settlements will be performed by this division for inpatient services.

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C. Reimburse DMH the Title XIX federal share of claims submitted by DMH for inpatient hospital services provided to Medicaid eligible patients. The rate of reimbursement for those services will be the prevailing federal match rate if claimed in accordance with the provisions of 42 CFR 432. Changes in federal regulations affecting the matching percentage which become effective subsequent to the execution of this agreement will be applied as provided in the regulations. Reimbursement of the federal share shall be provided upon receipt of a quarterly financial statement certified by the Department of Mental Health for eligible claims prepared in accordance with applicable federal regulations.


VII. JOINT RESPONSIBILITIES


Department of Social Services and Department of Mental Health shall both:

- A. Ensure that all federal requirements are met.
- B. Freely exchange medical and social information on individuals.
- C. Retain all records for a minimum of five years and completion of all audits and litigation.
- D. Maintain and share information that is consistent with principles of efficiency and responsiveness.

This agreement may be modified at any time by the written agreement of all parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party.


 Director, Department of Mental Health


 Date


 Director, Department of Social Services

03/30/94
 Date

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COOPERATIVE AGREEMENT
 between the
MISSOURI DEPARTMENT OF SOCIAL SERVICES
 and the
MISSOURI DEPARTMENT OF MENTAL HEALTH
 relating to
PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW

1. PURPOSE:

In order to effectively comply with the federal requirement for Preadmission Screening and Annual Resident Review (PASARR), the Departments of Mental Health and Social Services agree to enter into this cooperative agreement.

The purpose of this agreement is to provide a common understanding of the responsibilities of each party to meet the needs of this special group of individuals. This agreement serves as the document for the overall coordination of activities necessary to comply with the federal statute and regulation of PASARR.

II. MUTUAL OBJECTIVES:

- A. Assure that all persons with mental retardation and/or related conditions and all persons with serious mental illness who seek admission to and who reside in a Medicaid (Title XIX) nursing facility are screened in accordance with federal guidelines to determine if the individual's mental health needs can be appropriately met in the facility.
- B. Perform those screenings that are needed in a timely manner as established by federal regulations at 42 CFR 483, Subpart C.

III. DEFINITION:

Terms not otherwise defined relating to the PASARR process expressed in CFR 483, Subpart C become a part of this agreement.

- A. **Department of Social Services (DSS)** is defined as the Missouri Department of Social Services that is the designated single State agency for Medicaid.
- B. **Division of Medical Services (DMS)** is defined as the agency within the Department of Social Services that administers the Medicaid (Title XIX) program operations in Missouri.
- C. **Division of Aging (DA)** is defined as the agency within the Department of Social Services that conducts surveys to certify nursing homes and is responsible for administering certain programs for the elderly.
- D. **Division of Family Services (DFS)** is defined as the agency within the Department of Social Services that determines Medicaid (Title XIX) eligibility.

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- E. **Division of Legal Services (DLS)** is defined as the agency within the Department of Social Services that conducts hearings.
- F. **Federal Financial Participation (FFP)** is defined as matching funds provided by the federal government pursuant to federal law and regulation to fund services authorized under an approved state plan.
- G. **Department of Mental Health (DMH)** is defined as the Missouri Department of Mental Health that is the State mental health authority and mental retardation authority.
- H. **Division of Community Psychiatric Rehabilitation (CPR)** is defined as the agency within the Department of Mental Health that is the State mental health authority.
- I. **Division of Mental Retardation and Developmental Disabilities (MRDD/DD)** is defined as the agency within the Department of Mental Health that is the mental retardation authority.
- J. **Nursing Facility (NF)** is defined as that part of a facility that has Medicaid (Title XIX) certified beds.
- K. **Preadmission Screening and Annual Resident Review (PASARR)** is defined as the screening process mandated by the Omnibus Reconciliation Act of 1987 [OBRA, P.L. 100-203, Section 4211 (c)(7)] for individuals who are seeking long term care in a Medicaid certified nursing facility and who are known or suspected to have a serious mental illness or mental retardation and/or a related condition.
- L. **Level I Screen** is defined as the process of identifying individuals who are seeking admission to or residing in a nursing facility who are suspected or known to have a serious mental illness, mental retardation and/or a condition related to mental retardation and referring these individuals to DMH for further evaluation of their physical and mental health needs (Level 11 Screen).
- M. **Level II Screen** is the process of determining if an individual seeking admission to a Medicaid certified nursing facility:
 - 1) Has a diagnosis of serious mental illness or a diagnosis of mental retardation and/or a related condition,
 - 2) Needs nursing facility level of services including mental health services of a lesser intensity; and/or
 - 3) Needs specialized services.
- N. **Nursing Facility Level of Care** is defined in 13 CSR 15-9.030
- O. **Nursing Facility Level of Services** is defined as identification of specific service needs resulting from mental illness or mental retardation and/or related condition that an

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individual will require while residing in a nursing facility in order to determine appropriateness of placement.

- P. **State Mental Health and Mental Retardation Authority (SMHMRA)** is defined as the Department of Mental Health.
- Q. **DA 124** is defined as Division of Aging initial assessment forms which must be completed when individuals are considering nursing facility residence. The form has three parts: (A) social assessment, (B) medical summary, and (C) preadmission screening for serious mental illness/mental retardation and/or related conditions. In this document, DA 124 refers to all three parts unless otherwise specified.

IV. DEPARTMENT OF SOCIAL SERVICES RESPONSIBILITIES:

The Department of Social Services shall:

- A. Inform Title XIX nursing facilities of the policies and procedures of the process called PASARR. Keep Title XIX nursing facilities informed of updates or changes to the program and any necessary clarifications.
- B. Develop, print, and disseminate the DA 124 C form, the PASARR Level I screening form, with input from the Department of Mental Health.
- C. Be responsible for the Level I screening process.
- D. Have a process in place to notify individuals, including the applicant/resident and guardian (if appropriate) when a Level I screen indicates that a Level II evaluation must be performed.
- E. Maintain files of Level I screens for those who request Medicaid Nursing Facility benefits and for private pay persons who require a Level II evaluation.
- F. Enter information from all DA 124 C forms received, into an automated tracking system. If the individual does not have a Department Client Number (DCN), assign a DCN.
- G. Apply Missouri State Regulation 13 CSR 15-9.030 by which DA will determine if individuals are medically eligible for Title XIX funded nursing facility level of care.
- H. Forward DA 124 forms to DMH for a Level II screen when
 - 1. The DA 124 forms are completed properly and
 - 2. Data and responses contained within DA 124 forms supports the suspicion of serious mental illness or mental retardation and/or a related condition.

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- I. Upon receipt of the DMH Level II PAS determination, DSS will issue written notification to required parties regarding NF admission eligibility and required services, and appeal rights.
- J. Establish and maintain a tracking system for all individuals with serious mental illness or mental retardation or related condition who reside in nursing facilities (NFs) to ensure that appeals and future reviews are performed in accordance with 42 CFR 483.130(p) and Subpart E. Maintain in the tracking system all individuals who have been identified as persons suspected of having a serious mental illness or mental retardation and/or a related condition. Individuals may be classified as inactive in the tracking system when information from DFS indicates a recipient is deceased or has reached the age of 125. Individuals may also be classified as inactive in the tracking system if the Department of Mental Health advises the Division of Aging that the individual no longer has a condition that meets the PASARR definition of serious mental illness.
- K. Provide a system for individuals who may be adversely affected by any PASARR determination to appeal that determination. This includes supplying forms for a hearing request, arranging sites for the hearing, providing hearing officers to conduct the hearing, and notifying all relevant parties, including the individual and/or responsible party and DMH, when appeals are filed and subsequent action is taken such as hearing dates are set, and hearing decisions are rendered.
- L. Reimburse DMH the Title XIX federal share of actual and reasonable costs for administration provided by DMH staff based on a time-accounting system that is in accordance with the provisions of OMB circular A87 and 45 CFR parts 74 and 95. Administrative costs include expense and equipment costs necessary to collect data, disseminate information, and carry out all DMH staff functions outlined in this agreement.
 - 1. The rate of reimbursement for eligible administrative costs will be the prevailing federal match rate if claimed in accordance with the provisions of 42 CFR 432. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at the prevailing federal match rate when qualified under 42 CFR 432. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
 - 2. Reimbursement of the federal share shall be provided upon receipt of quarterly financial statements certified by the Department of Mental Health for eligible claims prepared in accordance with applicable federal regulations.
- M. Participate in Medicaid related training that may be deemed necessary by the Director(s) of DSS or DMH for the execution of the provisions of this agreement.

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- N. Train and provide ongoing support to nursing facilities and other referring entities on the PASARR process and proper completion of DA 124 forms.
- O. Monitor PASARR compliance. Monitoring activity will include reports from the tracking system, review of the monthly reports submitted by DMH and requests for documentation of Level II evaluations based on a random sample of cases. The random sample review process will examine issues related to the timeliness of the evaluation activities, the required contents of the reports, and the qualifications of staff conducting reviews and shall not be used to countermand determinations made by the DMH or the independent contractors.

V. DEPARTMENT OF MENTAL HEALTH RESPONSIBILITIES:

The Department of Mental Health shall:

- A. Delegate to DA, PASARR responsibility for determining if individuals are medically eligible for Title XIX funded nursing facility level of care through application of Missouri State Regulation 13 CSR 15-9.030. This shall be done prior to the individual being referred to DMH for a Level II screen. Level II will be requested for individuals seeking nursing home admission who are screens determined by DA to be medically eligible for Title XIX funded nursing facility level of care and for individuals who will be private pay.
- B. Receive Level I referrals from the Division of Aging and arrange for a Level II screen by:
 - 1. Forwarding to the independent contractor(s) for a Level II evaluation all Level I referrals indicating the individual is suspected or known to have a serious mental illness; or
 - 2. Forwarding to the appropriate MRDD regional center for the Level II evaluation all Level I referrals indicating the individual is suspected or known to have mental retardation and/or a related condition; or
 - 3. Forwarding to the appropriate independent contractor for a mental illness evaluation and to the appropriate MRDD regional center for a mental retardation and/or a related condition evaluation all Level I referrals indicating the individual is suspected or known to have both serious mental illness and mental retardation and/or a related condition.
- C. Evaluate individuals suspected to have mental illness in accordance with CFR 483.134, and evaluate individuals suspected to have mental retardation and/or a related condition in accordance with CFR 483.136.
- D. Use the information gathered as part of the Level II screening to make clinical judgements and determinations regarding the individual's need for specialized services and to identify service needs of a lesser intensity which will serve as the basis for a decision related to the appropriateness of placement.

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- E. Issue the final determination to the Division of Aging which completes the DMH Level II screening process.
- F. Report all final determinations to DA within a time frame that averages seven (7) to nine (9) working days from the date the referral is received from DA. The seven (7) to nine (9) days average will be determined from the date the Level I is received at DMH to the date the individual is notified of the determination. The initial notification may be verbal, but must always be reduced to writing.
- G. Forward copies of completed Level II PAS evaluations to the applicant/resident, a legally responsible representative, the nursing facility, the attending physician, and the discharging hospital, if appropriate, as required by 42 CFR 483.128 (1).
- H. Have authority which permits a categorical determination regarding specialized services on emergency, provisional and respite admissions and for admissions of individuals with dementia in combination with mental retardation and/or a related condition.
- I. Conduct Annual Resident Reviews (ARRs) as defined in PASARR regulations, 42 CFR, 483.114, utilizing data from the individual's resident assessment prepared by the nursing facility.
- J. Forward copies of completed Level II ARR evaluations to the applicant/resident, a legally responsible representative, the nursing facility, the attending/resident physician, if applicable, as required by 42 CFR 483.128(1),
- K. Discontinue the ARR process when an individual is determined to no longer have a condition that meets the PASARR definition of serious mental illness.
- L. Ensure independent contractor(s) and MR/DD regional centers comply with the nondiscrimination provisions of Title VI of the Federal Civil Rights Act of 1964, as amended (42 USC 12101) and all other pertinent federal or state nondiscrimination laws and regulations.
- M. Maintain a current list of independent contractor(s) who will perform Level II evaluations for individuals with serious mental illness.
- N. Track all names sent from DA to DMH for a Level II evaluation in order to compile a monthly report. The report shall include, the individual's name, DCN, Level II determination outcome, and the length of time to complete the Level II evaluation. DMH will send the report to DA and DMS within 30 days after the last day of the month.
- O. Maintain final authority for PASARR determinations.
- P. Inform individuals and/or their responsible parties of their appeal rights at the time PASARR Level II determinations are reported and include appeal information in PASARR Level II evaluation packets sent to individuals and responsible parties.

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